

STATE OF CALIFORNIA
MATERIALS REQUEST
SBOC-G012 (Rev. 6/98)

STATE BOARD OF CONTROL

SEND COMPLETED FORM TO: STATE BOARD OF CONTROL
MAIL/SUPPORT UNIT
P.O. BOX 48
SACRAMENTO, CA 95812-0048

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

MATERIALS REQUESTED

TITLE	QUANTITY	
BOARD OF CONTROL 1996-97 ANNUAL REPORT	Available in August 1998	
BOARD OF CONTROL 1995-96 ANNUAL REPORT		
VICTIMS OF CRIME PROGRAM APPLICATION PACKET		
VICTIMS OF CRIME PROGRAM INFORMATION BROCHURE	ENGLISH	SPANISH
VICTIMS OF CRIME PROGRAM MENTAL HEALTH EXPENSE REIMBURSEMENT BROCHURE		
VICTIMS OF CRIME FUNERAL/BURIAL ASSISTANCE BROCHURE		
VICTIMS OF CRIME PROGRAM POSTER	ENGLISH	SPANISH
VICTIMS OF CRIME PROGRAM CLAIMS VERIFICATION MANUAL CHAPTERS :		
MENTAL HEALTH		
INCOME		
ELIGIBILITY		
APPLICATION		
FUNERAL/BURIAL		
VICTIMS OF CRIME MONTHLY STATUS REPORT, FOR REPORTING PERIOD:		
GOVERNMENT CLAIMS PROGRAM BROCHURE		
GOVERNMENT CLAIM BOOKLET		
RESTITUTION GUIDE		
"FINANCIAL RECOVERY OPTIONS FOR VICTIMS OF CRIME IN CALIFORNIA" BROCHURE		
"LIEN RECOVERY AND THE VICTIMS OF CRIME PROGRAM" BROCHURE		
QUICK REFERENCE SHEET (RESTITUTION FINES/ORDERS)	ADULT	JUVENILE
RESTITUTION REVIEW NEWSLETTER, VOL. NO.		
OTHER (PLEASE SPECIFY):		